

RIVERDALE HEALTH CARE & REHABILITATION CENTER

1000 NORTH WISCONSIN AVENUE

MUSCODA 53573 Phone: (608) 739-3186

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/02): 58

Total Licensed Bed Capacity (12/31/02): 65

Number of Residents on 12/31/02: 50

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 54

Corporation

Skilled

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%	
-----		-----				-----		-----	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	30.0		
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years	46.0		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.0	More Than 4 Years	24.0		
Day Services	Yes	Mental Illness (Org./Psy)	20.0	65 - 74	14.0	-----	-----		
Respite Care	Yes	Mental Illness (Other)	10.0	75 - 84	24.0		100.0		
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	52.0	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.0	Full-Time Equivalent			
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	2.0		100.0	(12/31/02)			
Other Meals	No	Cardiovascular	4.0	65 & Over	94.0	-----			
Transportation	No	Cerebrovascular	12.0	-----	-----	RNs	12.0		
Referral Service	No	Diabetes	4.0	Sex	%	LPNs	14.0		
Other Services	Yes	Respiratory	6.0	-----	-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	42.0	Male	32.0	Aides, & Orderlies			
Mentally Ill	No		-----	Female	68.0	38.4			
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	4	100.0	273	39	95.1	101	0	0.0	0	3	100.0	142	2	100.0	101	0	0.0	0	48	96.0
Intermediate	---	---	---	2	4.9	86	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	4.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		41	100.0		0	0.0		3	100.0		2	100.0		0	0.0		50	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02				

Percent Admissions from:		% Needing Assistance of			Total	
		Activities of	%	One Or Two Staff	% Totally	Number of
Private Home/No Home Health	8.2	Daily Living (ADL)	Independent		Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0	74.0	26.0	50
Other Nursing Homes	4.9	Dressing	38.0	46.0	16.0	50
Acute Care Hospitals	85.2	Transferring	48.0	34.0	18.0	50
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	42.0	38.0	20.0	50
Rehabilitation Hospitals	0.0	Eating	80.0	6.0	14.0	50
Other Locations	1.6	*****				
Total Number of Admissions	61	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	4.0		Receiving Respiratory Care	16.0
Private Home/No Home Health	38.7	Occ/Freq. Incontinent of Bladder	40.0		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	9.7	Occ/Freq. Incontinent of Bowel	24.0		Receiving Suctioning	0.0
Other Nursing Homes	11.3				Receiving Ostomy Care	8.0
Acute Care Hospitals	12.9	Mobility			Receiving Tube Feeding	4.0
Psych. Hosp.-MR/DD Facilities	1.6	Physically Restrained	0.0		Receiving Mechanically Altered Diets	24.0
Rehabilitation Hospitals	0.0					
Other Locations	1.6	Skin Care			Other Resident Characteristics	
Deaths	24.2	With Pressure Sores	2.0		Have Advance Directives	100.0
Total Number of Discharges		With Rashes	2.0		Medications	
(Including Deaths)	62				Receiving Psychoactive Drugs	56.0

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	84.4	85.1	0.99	88.5	0.95	86.7	0.97	85.1	0.99
Current Residents from In-County	44.0	75.4	0.58	72.5	0.61	69.3	0.63	76.6	0.57
Admissions from In-County, Still Residing	8.2	20.1	0.41	19.5	0.42	22.5	0.37	20.3	0.40
Admissions/Average Daily Census	113.0	138.3	0.82	125.4	0.90	102.9	1.10	133.4	0.85
Discharges/Average Daily Census	114.8	139.7	0.82	127.2	0.90	105.2	1.09	135.3	0.85
Discharges To Private Residence/Average Daily Census	55.6	57.6	0.96	50.7	1.10	40.9	1.36	56.6	0.98
Residents Receiving Skilled Care	96.0	94.3	1.02	92.9	1.03	91.6	1.05	86.3	1.11
Residents Aged 65 and Older	94.0	95.0	0.99	94.8	0.99	93.6	1.00	87.7	1.07
Title 19 (Medicaid) Funded Residents	82.0	64.9	1.26	66.8	1.23	69.0	1.19	67.5	1.22
Private Pay Funded Residents	6.0	20.4	0.29	22.7	0.26	21.2	0.28	21.0	0.29
Developmentally Disabled Residents	0.0	0.8	0.00	0.6	0.00	0.6	0.00	7.1	0.00
Mentally Ill Residents	30.0	30.3	0.99	36.5	0.82	37.8	0.79	33.3	0.90
General Medical Service Residents	42.0	23.6	1.78	21.6	1.94	22.3	1.88	20.5	2.05
Impaired ADL (Mean)	39.6	48.6	0.82	48.0	0.82	47.5	0.83	49.3	0.80
Psychological Problems	56.0	55.2	1.01	59.4	0.94	56.9	0.98	54.0	1.04
Nursing Care Required (Mean)	7.0	6.6	1.06	6.3	1.12	6.8	1.03	7.2	0.97